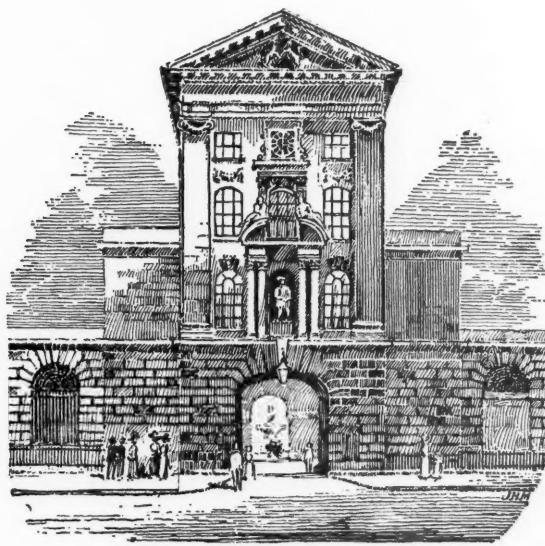


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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXI.—No. 4.]

JANUARY 1ST, 1924.

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CALENDAR.

Tues., Jan. 1.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., " 4.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat., " 5.—Rugby Football Match v. Harlequins, at Winchmore Hill.
Association Football Match v. Old Mercers, away.
Tues., " 8.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Fri., " 11.—Prof. Fraser and Prof. Gask on duty.
Sat., " 12.—Rugby Football Match v. Old Blue (away).
Mon., " 14.—Amateur Dramatic Society. Full dress rehearsal.
Tues., " 15.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 15 }
Wed., " 16 } A.D.S.—"The Return of Sherlock Holmes."
Thurs., " 17 }
Thurs., " 17.—Abernethian Society, Clinical Evening.
Fri., " 18.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Sat., " 19.—Rugby Football Match v. Coventry (away).
Association Football Match v. Old Russelians (away).
Hockey Match v. Malden (home).
Tues., " 22.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Last day for receiving matter for February issue of Journal.
Wed., " 23.—Rugby Football Match v. Oxford (away).
Fri., " 25.—Sir Thomas Horder and Mr. Rawling on duty.
Sat., " 26.—Rugby Football Match v. Devonport (away).
Association Football Match v. Old Citizens (away).
Hockey Match v. Old Catheranians (home).
Tues., " 29.—Prof. Fraser and Prof. Gask on duty.
Thurs., " 31.—Meeting of Abernethian Society.

EDITORIAL.

THE Christmas Celebrations passed off with their customary success. We think that there were considerably fewer visitors on Christmas Day than has been the case for several years past. But the troupes were more numerous and sang and acted better than usual. Everyone who took part has good reason to congratulate himself on his efforts. The Tin-Tacks, The Rejuvenation, The Greens and The Crackers struck us as particularly good—possibly because they were all that we were able to see. The costumes were most skilfully made and really fitted! As for the Wards, they were as pretty as last year and couldn't be prettier. Ward Decoration at Bart.'s has long been a very

highly developed art. Many a tired Nurse must have looked round on Christmas Day and decided that her efforts had been successful.

* * *

Many visitors to Darker Ward this Christmas will have been saddened amidst their pleasure to think that this is the last time that Sister Darker (Miss E. Hay Borthwick) will dispense her kindly and well-known hospitality from her ward. For thirty years Miss Borthwick has served the Hospital, preserving always by precept and example its highest traditions. She retires the Senior Sister, and will carry with her to her Scottish home the good wishes of great numbers of patients and of doctors whom she has so eagerly helped.

* * *

The question of providing new operation theatres has for some time been engaging the attention of the Hospital authorities. We understand that the Committee engaged upon the consideration of the new plans will shortly be ready to report to the General Court, and before long we may hope to see some definite scheme adopted. All will agree that this cannot happen a moment too soon. A new block of modern twin-theatres, with appropriate annexes, will greatly help the surgery of the Hospital. It is not right that the surgeons of this surgical hospital should work handicapped by structural difficulties, and it says much for the efficiency of the theatre staff that these difficulties are at present so manifestly minimised.

* * *

We understand that this year two Bart.'s surgeons will be candidates for election to the Council of the Royal College of Surgeons of England, Mr. W. McAdam Eccles and Sir Charles Gordon-Watson. It is hoped that all Bart.'s Fellows will, when the time comes, increase the Bart.'s representation on the Council by voting for these gentlemen.

* * *

Our readers will be interested in the account of the American visit of Mr. J. P. Ross, published in the present

number of the JOURNAL, and will eagerly desire him (if we may use an appropriate phrase) to "get busy" on the further article suggested on American teaching methods. The exodus of our men to the States still continues, for before these words are read Mr. J. B. Hume will have relinquished his offices of Chief Assistant to a Surgical Unit and Joint-Lecturer in Anatomy, to work for a while under the direction of Prof. Hugh Cabot in the University of Michigan, Ann Arbor.

It is of the first importance that we at Bart.'s should be willing to learn from America—and for that matter from every other hospital and medical school on the face of the earth. To learn new ideas, to practise new details, to glean the best from the best minds of other countries, to use and to adapt this knowledge is a sign, not of weakness, but of strength. Let us admit, however, that it comes hard to our British temperament. We are (in spite of Westminster) inherently a conservative nation. What we have done we like to do—and to keep on doing. W. H. Page, the late cultured and friendly American Ambassador to the Court of St. James, wrote in 1914 in a private letter to President Wilson :

"Several centuries ago somebody tried to break into the Bank of England. A special guard was detached—a little company of soldiers—to stand watch at night. The bank has twice been moved, and is now housed in a building that would stand a siege; but that guard, in the same uniform, goes on duty every night. Nothing is ever abolished, nothing ever changed. . . . In every house, too (to show how nothing ever changes), the towels are folded in the same peculiar way. In every grate in the kingdom the coal fire is laid in precisely the same way. There is not a salesman in any shop in Piccadilly who does not, in the season, wear a long-tail coat. Everywhere they say a second grace at dinner—not at the end, but before the dessert—because two hundred years ago they dared not wait longer lest the parson be under the table; the grace is said to-day *before* the dessert!"

We would not at this Hospital sacrifice the quaint survivals which link us with antiquity, but it should be our care that whenever a thing is seen to be done better elsewhere, it should be done better here also, and with all the promptitude that enthusiasm and efficiency can manage.

* * *

Our heartiest congratulations to the following gentlemen on becoming Fellows of the Royal College of Surgeons of England: D. J. Batterham, H. J. McCurrich, W. E. M. Mitchell, S. M. Majumdar, W. G. Rose.

* * *

It must be very unusual for a family to have three brothers at the Hospital, all of whom have passed the Primary Fellowship and one the Final Examination. So we congratulate especially Mr. R. W. P. Hosford on his

Fellowship, Mr. J. P. Hosford on his Primary taken some years ago, and Mr. B. B. Hosford on the recent honour. Some family !

* * *

The Musical Society, one of the oldest students' clubs in the Hospital, is being revived, and it is hoped that men who are interested in orchestral matters will hasten to join it. There must be quite enough talent in the Hospital to provide a really first-class orchestra. Dr. Morley Fletcher has consented to be the President of the Society.

* * *

We should like to welcome the latest Hospital association, the Employees' Athletic Club of St. Bartholomew's Hospital Medical College. An account of an inaugural dinner will be found elsewhere. The College is increasing so fast that necessarily the attendants increase also; and there are now enough to form themselves into an athletic club to help to keep them fit. We hope that the Association will have a long and useful and happy life.

* * *

We suggested last month that we dislike anonymous communications. This month another clever contribution has been received anonymously. We have not the smallest intention of printing any contributions—however good they may be—unless we know the author's name. Will contributors kindly note ?

A VISIT TO CERTAIN SURGICAL CLINICS IN THE UNITED STATES OF AMERICA.

By J. P. Ross, F.R.C.S.,

Second Assistant, Surgical Professional Unit.



LL those who visit the United States are expected, on their return, not only to be filled with "impressions" of America and the Americans, but also to be prepared to set these impressions forth in writing. In spite of the warnings of Mr. Stephen Leacock, we are still cajoled into making remarks about the manners and customs of people abroad. My own excuse must be that I was in the States long enough to lose all my previous ideas of the country and the people who live there, and even to alter and correct most of the first impressions formed on my arrival.

I landed at New York, but proceeded immediately to Boston, where Dr. Harvey Cushing gave me an exceedingly kind welcome. He is Surgeon-in-Chief at the Peter Bent Brigham Hospital, and it was as a Junior Associate in his service that I spent the greater part of my time. When I arrived, Sir Harold Stiles was Surgeon-in-Chief *pro tem.*, as Mr. Gask had been in 1921. They are very much in favour of such exchanges of duty, and certainly derive

much benefit and great pleasure from them. The correct mode of addressing a knight worried a few of the hospital staff; they felt that "Sir Harold" sounded so familiar!

One of the first things that strikes a visitor to the Brigham Hospital is the excellence of the Hospital records. The notes are all typewritten, being first of all dictated either into a dictaphone or direct to a stenographer. This is a great advantage, for not only are the histories legible, but they are also much fuller than a busy house-surgeon at home could afford to make them. On the other hand there are certain disadvantages. When a man does not have to spend a good deal of time and trouble in writing, there is a strong tendency to become verbose, to lose the appreciation of the real value of words, and not to learn to express himself concisely and briefly. Also stenographers, though almost superhuman, do make mistakes at times in spelling and transcription, some of which are amusing, but many of which are misleading. On the whole, however, the advantages outweigh the disadvantages.

Throughout the States great use is made of lay help, with excellent results. Secretaries and stenographers in record rooms and libraries and "technicians" in laboratories save medical men a great deal of time which can be devoted to more valuable employment.

The complete notes of each case at the Brigham are made by the house officers, special notes and operation notes are dictated by the surgeons themselves, and careful note is made of the condition of each patient on discharge. When a patient is discharged the notes are checked over by the house officer, and are then referred to the physician or surgeon, who writes the diagnosis on the front page and returns the notes to the record room, where they are carefully reviewed once more so as to make sure that all charts, pathological reports, X-ray reports and photographs are affixed before the notes are filed and kept ready for binding. They are bound in volumes with about fifty in each volume, and references are kept in two files, one according to the patients' names and the other according to diagnosis.

Illustrations, photographs and drawings in the case-histories are used to a much greater extent than they are here. Photographs of the patient before and after operation, a sketch of the operation, and microphotographs of sections of tissue removed at operation, accompany the notes of any interesting case. In most of the hospitals I visited there was a photographic department and an artist's studio, where illustrations are prepared not only for the hospital records, but also for illustration of articles published by members of the staff.

At the Brigham Hospital there is a very thorough follow-up system, and an extremely valuable unit known as the Social Service Department. Among the duties of

this department may be mentioned the after-care of patients discharged convalescent from the Hospital, including their transfer to sanatoria, convalescent homes or special treatment centres when necessary; advice and help in obtaining employment; supervision of home nursing and instruction in hygiene; arranging for the education of handicapped children; procuring apparatus for needy patients; and the study of the many and varied social problems which have to be faced when patients are discharged from hospital.

The operating theatre block is very well planned. Running down the centre is a corridor which communicates at each end with passages leading to the wards. At one end of the corridor there are dressing-rooms for surgeons and house-surgeons, and rooms in which the patients await operation, final preparations are carried out, and the anaesthetic may be administered. Then proceeding along the corridor one finds the operating rooms on the one side, and on the other are the sterilising room, instrument room, a room in which dressings, gowns, caps and masks are prepared for sterilisation, and a small room specially fitted up for cystoscopy. At the other end of the corridor is the nurses' dressing-room, a changing room for visitors, and two rooms in which bad cases are kept till they have recovered from the anaesthetic, and where they may be watched and receive the necessary treatment till their return to the ward.

The patient is wheeled to and from the operating room in his own bed; the elimination of stretchers is a great advantage.

There are three operating rooms—a central large room, in which two operations may be performed at the same time, and a smaller room opening out of each end of it. Operations are performed every morning and four surgeons are usually working at the same time. They make a habit of visiting their colleagues at work, so that any condition of particular interest is seen by almost everyone on the staff, and a consultation may take place while an operation is in progress.

A feature which strikes anyone from this country at once is that everybody in the operating room has a complete change of clothing. To change into a thin white operating suit is almost a necessity in the hot weather; but it is so much more pleasant at all times that one wonders why the practice is not more common in this country. At the Brigham Hospital the surgeons' and nurses' gowns and the top sheets covering the patient are grey in colour, to diminish the glare when operating in a bright light.

Dr. Cushing always has about 25 neurological cases in the hospital, and operates on one every day. One of his great principles is that a neurological surgeon should be able to look after his own cases throughout their course.

He believes that the surgeon should know sufficient neurology to be able to differentiate cerebral and spinal cord tumour from those diseases of the brain and spinal cord in which surgery is not indicated; and, to enable him to make the best possible attempt to localise such a tumour once its presence is diagnosed. His knowledge of the examination of the eye, ear and circulatory system must be sufficient to enable him to make a diagnosis, and he must be responsible himself for the interpretation of X-ray pictures. He should also be familiar with the pathology of cerebral tumour, so that, the tumour having been localised, a fair guess at its nature may be made before operation; this is important as far as the planning of the operation is concerned.

It is along these lines that Dr. Cushing works himself, and it is along these lines that he trains all those who work in his service. And merely to watch him at work in the wards or operating room is in itself a liberal education.

Although I spent almost the whole of my six months with Dr. Cushing, I devoted three weeks in June to a tour of some of the important clinics in the eastern States. I went first to Cleveland, where I visited Dr. Crile at Lakeside Hospital. The excellence of the team work creates the greatest impression upon the visitor. On the whole, surgeons in the States seem to attach much more importance to their assistants than surgeons (with a few well-known exceptions) in this country. A surgeon will not undertake an operation of any consequence without his own assistant and his own operating-room nurse; for to have assistants familiar with his technique allows him to give his whole attention to the patient and to the work under his hand. Dr. Crile has a very elaborate scheme for obtaining and keeping the right kind of assistant, for a man who wishes to become his immediate assistant has to spend five years in his service, during which time his duties alter and his responsibilities gradually increase. As a reward he is sent to travel in the States for three months in his fourth year, and to Europe for six months at the end of his term of office, besides getting a good deal of surgery to do himself during his final year. The effects of long practice are seen in the astonishing team work which characterises Dr. Crile's operating room, every step of an operation being carried out with amazing rapidity, in silence, and with wonderful dexterity.

Dr. Crile's anaesthesia as given to his average exophthalmic goitre or toxic goitre patient is a very remarkable feature of the work at this clinic. It is a combination of local anaesthesia and gas and oxygen, the latter being given, as is usual in the States, by a nurse specially trained in anaesthetics, but not a qualified medical practitioner. The anaesthetist talks to the patient the whole time, explaining that "everything is going on well." They

aim at getting the patient into a state of semi-consciousness in which no pain is felt, and although speech may be understood, yet impressions fade from the memory at once and psychic reactions are at a minimum. Dr. Crile calls this a "state of negativism" when the "kinetic drive" is damped down as completely as possible. He believes that when in this state the patient may be told that his carotid artery has been divided and that he must shortly die, and that he will merely reply, "You go ahead, Dr. Crile, that's bully!" Whether this be literally true or not, one cannot but be impressed with the satisfactory results which are obtained by this method of anaesthesia.

Dr. Crile does his private work at a clinic which is run in collaboration with two of his colleagues. It is planned on the lines of the Mayo Clinic. He also devotes a great deal of thought to the after-care of his patients, and his latest scheme is the establishment of a special restaurant in the city at which gastric and duodenal cases may easily obtain their proper diet during the business hours. This reminds one of the Diabetic Restaurant at Boston, which is run in connection with the Deaconess Hospital.

Space will permit of only a very brief sketch of the Mayo Clinic. Rochester, Minnesota, is a small country town, twelve hours by train from Chicago, having only one train daily to and from Chicago. Yet in this tiny place, right off the main track, and out of the country practice of two brothers, has grown in the course of the past thirty years the busy and wonderfully organised Mayo Clinic. The Clinic itself is the headquarters, with business offices, examination rooms, special departments—eye, ear, nose and throat, X-ray, and pathology of every description—library, artist's department, research department, publication department, and in the basement a drug store and record room. Patients are examined here and are sent for treatment to the various hospitals which are managed by the clinic.

One sees a very great deal in a short time there, and most elaborate arrangements are made for the convenience of visitors. It is very stimulating to meet and to see men at work whose names are well known, and one has an opportunity of meeting all the members of the surgical staff in the course of a few days. It would be difficult to single out any one feature for special remark—there is so much to note—but I shall never forget watching Dr. Adson perform division of the sensory root of the fifth nerve for trigeminal neuralgia. He made it appear as simple as a minor operation, and demonstrated every step to half-a-dozen spectators.

The close co-operation between the operating room and the X-ray and pathological departments is not only a triumph of organisation, but is also a source of great benefit to all concerned.

I spent only a short time in Chicago, but while there

saw ethylene gas given as an anaesthetic with very good results; it gives a very smooth anaesthesia, the muscular relaxation obtained is remarkable, and the recovery very rapid after the administration has ceased. The great drawback at present is the odour of the gas, but this is attributed to an impurity which, it is hoped, will shortly be eliminated. I was very kindly entertained by Dr. Phemister, who showed me some of his work on diseases of bone.

At Baltimore I visited the Johns Hopkins Hospital, was very kindly received by Dr. Finney, and spent the greater part of my time with Dr. Dandy, who does the neurological surgery of the hospital. In the psychopathic department the anatomy of the brain is very well taught, with the aid of a large number of beautifully prepared and stained sections. Working with these as a guide, the brain is built up with coloured plasticine, various colours being used for the different tracts and nuclei. Each student builds himself a model of the brain, the process being completed in about sixteen hours.

From Baltimore I went to Philadelphia, where I visited The Pennsylvania University Hospital and saw Dr. Frazier's clinic. They have a new model X-ray department there, and a new surgical wing, one of the features of which is a small room off the centre of each ward in which dressings are done. They find it more convenient to wheel the patient's bed into this room than to bring the dressing materials to the bedside, and the advantage of the side room is obvious when an anaesthetic has to be given.

I also visited the Lankenau Hospital in Philadelphia, and saw Dr. J. B. Deaver at work.

In New York I spent most of my time with Dr. Linder at the Rockefeller Institute. He has already contributed an article to the JOURNAL dealing with the Rockefeller, and therefore I need only remark what a very pleasant and stimulating experience it is to visit the Institute, and what a happy social side this home of research possesses.

I paid a short visit to the Presbyterian Hospital, and Dr. Penfield, who was once H.-P. at the National Hospital, Queen Square, showed me their method of keeping records. Theirs is the unit system, in which each patient's notes are kept separately and added to at each admission, but never bound with others. It is extremely convenient when patients are readmitted, for no volumes of old notes have to be searched for, and no abstracts of old notes have to be made for the fresh admission. In their record room they have an elaborate system of cross-references, which facilitates the compiling of statistics. There is also a very complete follow-up system.

I should like to dwell upon the differences that exist between medical education here and in the United States, and also to deal with the influence upon private practice

of private hospitals, and of provision of beds for private patients in general hospitals. These are such large subjects, however, that one would have to write another paper to do them any measure of justice.

It is well, I think, when visiting other medical centres, to look for the best, and, though seeing the faults, to remember as far as possible the virtues of others, and so try to improve one's own work and ideas. Some may think that this paper emphasises the good and neglects the bad. It depends on one's point of view. Let those who regard America with suspicion go and see for themselves; they will learn a very great deal, and will be filled first with amazement at, and then with gratitude for the wonderful welcome and kind hospitality of the people they will meet in the United States.

THE NURSING OF SEPTIC CASES.

Treatment of Empyema by Carell's Tubes.



As many as are required are inserted into the wound, packed in with sterile gauze, and covered with a dressing of wool and cellulose tissue, this latter being more economical than wool, and equally absorbent.

The large rubber tube connected with the Carell's tubes is left protruding from the dressing, to facilitate the pouring in at specified times of the prescribed quantity of Dakin's solution (usually about 3ss every two hours).

This is done with a syringe, or an ordinary small glass funnel can be fitted to the tube, and the solution poured in. The tube is then pinned under one of the folds of the bandage, and the fluid prevented from coming out by a wooden spigot placed in the end of the tube.

Dressing.—Done once or twice a day as required. The tubes are removed, washed and sterilised. Care is taken to cleanse the skin surrounding the wound thoroughly, for this otherwise becomes irritated and sore by the unavoidable dampness of the dressing.

The skin can be bathed with normal saline solution, and afterwards powdered with starch powder; or an ointment such as Cremor Zinci can be used.

Sometimes the surgeon may order an irrigation of the pleural cavity. This is generally done with normal saline solution (temp. 100°-105° F.), which may be run in through a tube attached to an irrigator, and can be removed by a change in the patient's posture and by his coughing.

Bandage.—It is important that a chest bandage or

"many-tail" with braces should keep the dressing on very firmly, otherwise the patient will become damp and very uncomfortable.

Treatment.—The patient is kept sitting upright in bed, care being taken of the back (air ring, etc.), and pillows arranged to prevent pressure on wound and tubes. If able, the patient can take ordinary food, and requires feeding up.

The patient is allowed up as soon as the sepsis is sufficiently diminished, and should be encouraged to expand the lung by breathing exercises and modified "physical jerks."

Septicæmia.

Treatment.—After the surgeon has opened up the primary focus and cleansed it as much as possible, it is often treated with baths or fomentations.

Rest is essential.

Care of the back, heels, knees, shoulders by washing and massage, and use of an air ring for the back.

It may be more satisfactory to have an air bed.

Care of the mouth.—Sodium bicarbonate ($\frac{3}{4}$ to 1 oz. of warm water) can be used, or a mouth-wash of listerine (1 part to 5 of water, of 10 per cent. solution) or potassium permanganate ($\frac{1}{2}$ oz. to $\frac{3}{4}$ oz. of 1 per cent. solution).

If the tongue and lips are very dry, mel borasis, or a mixture of a few drops of lemon-juice to $\frac{3}{4}$ oz. of glycerine, can be used after the mouth-wash.

Warm sponging once or twice a day makes the patient more comfortable. Give the patient plenty of fluids (lemonade, barley-water, etc.), and keep on a light diet.

Measure urine and prevent constipation. If the patient should have a rigor, cover at once with extra blankets, and put extra hot-water bottles (covered with flannel bags) in the bed.

Give $\frac{1}{2}$ oz. of warm brandy and something hot to drink.

Treatment of Septic Wounds by Baths.

Plain hot water, beginning at a temperature of 100° to 105° F., and gradually increasing as the patient can tolerate the heat.

Iodine baths.— $\frac{1}{2}$ oz. of tinct. iodine to 1 gallon of warm water.

Eusol baths.—Equal parts of eusol and tepid water.

Hypotonic saline baths.— $\frac{1}{2}$ lb. of salt (sodium chloride 5 per cent., sodium citrate $\frac{1}{2}$ per cent.) to 1 gallon of water. Or any other antiseptic ordered can be added to the water.

Local baths can be given for one or two hours, two or three times a day, or can be *continuous* for twenty-four or forty-eight hours, the temperature being maintained by constantly changing the water.

Arm bath.—When an arm bath is being used in bed for a wound on the forearm or hand, place the bath on a board at the side of the patient, well back, so that the elbow lies comfortably in the water. Let the patient then get comfortable, and adjust the bath so that it will not slip. Should any discomfort be caused by pressure between the upper arm and the edge of the bath, place a pad of *non-absorbent* brown wool in position. Cover the bath with a mackintosh tucked in well all round.

Dry dressings are usually applied between the baths; if fomentations are used, the wound is apt to become sodden.

Leg bath.—For this bath the patient will be much more comfortable if it is possible to seat him on a chair or stool. The bath is covered with a mackintosh to prevent heat escaping.

See that the patient is well wrapped up with blankets, etc.

Fomentations are applied as hot as possible and frequently changed; they can be made of doubled lint or gamgee (white wool covered with gauze).

The fomentation is put in a wringer, and sterilised by boiling; then wrung out as dry as possible and applied, care being taken not to scald the patient.

Over the fomentation is put a piece of jaconette an inch larger all-round, and then a brown wool pad still slightly larger. These are all bandaged on firmly.

Rest to the limb in all cases is essential. This is procured by applying a splint, where possible, or pillows for support. In the case of an arm a sling can be used.

Guard against splint sores.

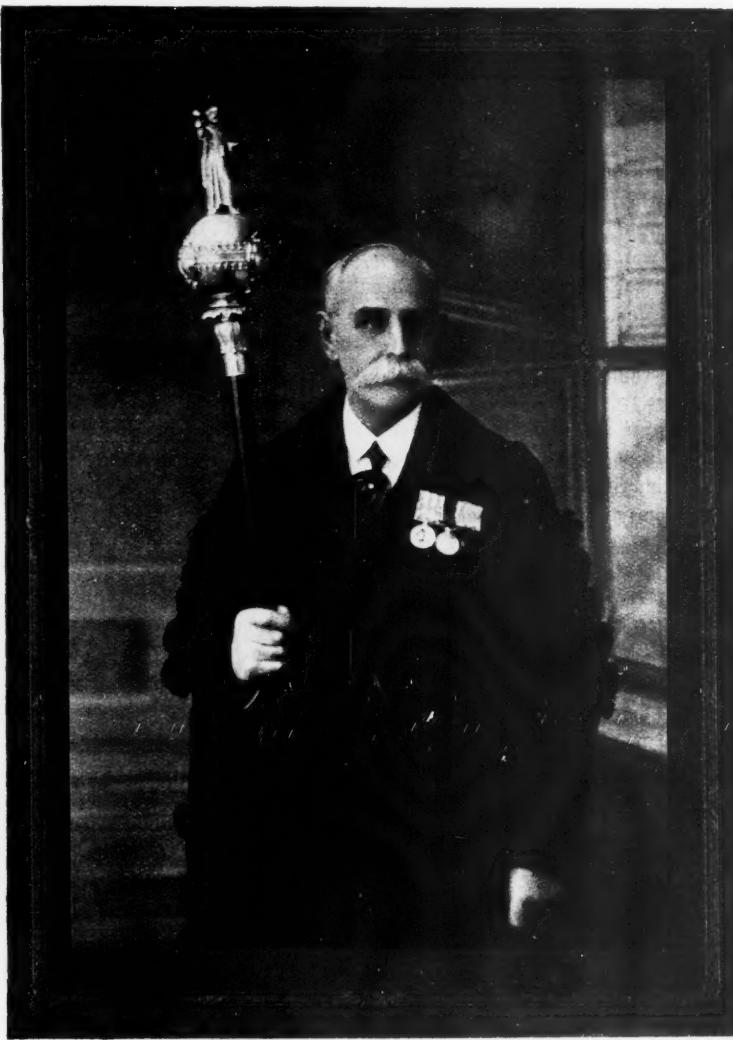
"*Foot-drop*" can be prevented by placing a toe-cap on the foot with broad tapes attached. These can be held firmly by a band round the leg above the knee, or pinned to the leg bandage.

"*Wrist-drop*" and contraction of the fingers is prevented by the use of a "cock-up" splint or a tenotomy splint.

Salt Packs.

Salt tablets are generally used when salt packs are required.

The most usual method is to put one layer of gauze in the wound; cover this with tablets. Fold over this another layer of gauze, and repeat the process twice or three times as required. Then apply a dry dressing and leave for three or four days. The tablets soon dissolve, and cause very little pain, if any, to the patient. Salt tablets can be obtained in three sizes.



THOMAS MURRAY, HEAD PORTER TO THE HOSPITAL.

AN OLD CASE OF MYELOMA OF THE TIBIA.

THE following notes were found in an old book, (*A System of Dissections, explaining the Anatomy of the Human Body, the manner of Displaying the parts and their varieties in Disease*, with plates, by Charles Bell, 1798) by Mr. C. Firmin Cuthbert, F.R.C.S., of Gloucester, to whom we are greatly obliged. The case was one of his grandfather's, Dr. William Cuthbert.



"Inman Lockwood, by trade a Blacksmith in the Parish of Whatfield, a particular strong muscular man of general good health, requested my opinion some time in the month of January 1801 upon a Tumor in the inner Ankle, about the size of a Goose Egg.

"His own history of the Case was quite confused as to rise and progress, All I could learn from him was that a very small swelling took place about a year and half before he consulted me, and that it had gradually increased though slowly to the size before mentioned, without pain, without discolouration, or any unpleasant

feelings, the Limb not the least Odematus, the Locomotive power perfect, he was able to take strong exercise without inconvenience; He had many opinions. 1st . . . Mr Bayly of Stowmarket, who thought it contained glaive, he gave him a solution of Ammonia and desired to see it again. . . . I understand he did not. After that he apply'd to Mr Jones Bildeston, his opinion I know not, it appeared to correspond with the former, as plaisters, Lotions Ointments &c were apply'd, Doctr Thompson of Ipswich was next apply'd to, who gave his opinion to the Man it contained glairy fluid, he prescribed a Lotion &c, promising that if that did not answer the purpose he had some other in reserve. I believe he did not apply to him any more. . . . He then apply'd to me I strictly examined it and as it was free from pulsation and dislocation, and such an extreme part of the frame, it did not strike me to be Aneurism, although in a situation such swelling might take place, I told him my opinion was the same as he had been frequently told before, as every application had failed I would try an Ointment with ammonia and Ungt Hydrag fort, with light Bandage, if that should not answer, Caustic was the only thing left for tryal. I continued that plan time without advantage, I then apply'd Caustic, after destroying the external parts and a portion of the cist, I found it contained only Blood, and that Arterial, not from the action of the Artery but from the floridness in its colour, affusion soon took place, considerable Inflammation the consequence, the whole Limb put on Morbid appearances and Gangrene was expected, in that situation I called in Mr Abbot of Needham who pronounced it true aneurismal and that amputation the only remedy before that should take place, other opinions were requested, Mr Abbot, Mr Bayly Mr Satter of Boxford and Mr G. met next morning. Mr B. opposed Amputation till a snoch was made to discover the bleeding Vessel in which all acquised, before that took place Doctr Chubbe of Ipswich was requested to give his opinion, the next morning we all met. Dr Chubbe coincided with Mr B. an extensive incision to be made so as to bring the ruptured vessel in view, which was supposed to be the posterior Tibial Artery, from the real morbid state of the whole Limb. Our search was in vain, nor did the Artery throughout the operation appear to be properly under the control of the Tourniquet, in consequence the Hæmorrhage was great and considerable faintings the consequence from the extreem Languor and the Vessels being exposed th Air they retracted and the Bleeding stopt, it was then agreed to dress with Flor and Linx Large compresses and tight Bandage, so it was. he was put to Bed and everything went on apparently well for eight Days, the time proposed to meet again to Dress. We found all easy to be removed, being thoroughly wetted by a large gleyt discharge. the wound put on

good appearance & promised to do well. Baynton's plan was recommended, sticking plaisters apply'd which soon heal'd the upper parts, but where the disease first fix'd a considerable Fungus appearance arose and continued notwithstanding different applications by Dr Chubbe's wish was apply'd, after going on nine or ten weeks in that way without the least discharge of blood. I was considerably alarm'd One Morning (upon removing some sloughs occasioned by the Kali powder) by sudden Bleeding, apparently from a small Artery through the Body of that Fungus, which was in fact no more than coaguable Lymph. A consultation was again held, the Limb was found except the particular diseased part to be in a perfect sound state. it was agreed to make a more extensive opening than before. If the Artery was not to be discovered and properly secured, Amputation must immediately follow

. . . . from particular expression from Bayly charging Mr G with applying Caustic upon such a case (as he had before given his Opinion that it contained no more than a consistane (as he told the patient) like the white of an Egg and that he could make the Leg well if it was under his care &c. &c. he was requested to perform the operation. He did so, & found impossible to take up the Artery in consequence the Limb was immediately after removed. Upon examination after we found the disease to such an extent it would have been impossible to have secured the Artery. Bayly divided the bones badly, leaving the Fibula much longer than the Tibia, he attempted to make them even by second cut upon the Bone (Fibula) but found it impracticable. Notwithstanding it healed quick and well without exfoliation."

THE TRAGEDY OF A FUR COLLAR



LIZA purchased at the Stores,
Complete with whiskers, tail, and paws,
A collarette of fur.

Her husband gave the thing a stroke
(The man *would* have his little joke),
And said he felt it purr.

But when she wore it in the street
He told her that she looked a treat.

But soon she met a horrid fate;
Her skin began to irritate

And reddened round the ears.
At once her looking-glass she took,
Exclaimed, "Strewth! what a fright I look!"

And then dissolved in tears.
He wittily declared, "I think,
Old gel, you're looking in the Pink."

Asthmatic George, their son-and-heir,
Was sensitive to rabbit's hair,
And puffed like any steamer.
(This wretched lad, without a doubt,
Succumbed before the year was out
To chronic emphysema.)
His father, with his ready wit,
Said, "Ain't young George a-going it?"

The daughter found the fur would fit,
And thinking she'd look nice in it
Tried on the lethal hide.
Through some abrasion in her skin
Some anthrax spores came streaming in,
And settled down inside.
They soon hatched out there, well content
With such a warm environment.

Therefore there entered in the lists
Three eminent pathologists,
Well skilled in bug-detection.
Said one, "I'm sure we'll find that this
Contains *Bacillus anthracis*
When we have cut a section.
It's by what lies *beneath* the crust you'll
Diagnose malignant pustule."

And last of all, their youngest son,
Thinking the thing was much more fun
Than his old rubber "dummy,"
Began the collarette to chew;
And ate so much, that soon there grew
A hair-ball in his tummy.
Before the current year was past
The little chap had breathed his last.

*So, Ladies, don't be taken in
And buy a coloured rabbit-skin
If dyed with some subfusc wash;
But pay an extra two-and-nine,
And buy a fur that's genuine,
Like Astrakan or Musquash.
Or else, at no far distant date,
You'll share Eliza's tragic fate.*

A. BARNSLEY.

THE DIFFICULTIES OF GENERAL PRACTICE.

By L. DUNCAN PORTEOUS, M.R.C.S.(Eng.),
L.R.C.P.(Lond.).

ENERAL practice may not be the ambition of the average student; but it is the method by which the average qualified man earns his living; it is the environment for his struggle. It follows, then, that in many cases ambition gives way to the hard facts of life, and one's career often lacks the capital "C" of early visions. The student may consider the G.P. to be on a lowly level, but once qualified, he frequently drifts thereto himself, and finds — a world he did not expect.

He needs a new outlook to accommodate himself to new cases, a new language and new difficulties.

When patients complain of "the frost going through him," "gatherings in the head," or "a discharge just like nature," and state that these ailments have been treated by "composition," "mixed oils," "vinegar rags," "brown paper plasters," etc., the young practitioner must, at first, feel out of his element.

One of the greatest difficulties of all is, perhaps, to recognise how extreme is the ignorance of the average patient, how deep-rooted their superstitions, and how obstinate their habits.

When every infant's cough is treated with the "simple remedy" of drachm doses of vinum ipecac.; when the presence of mucus or blood in a child's stools is held to be conclusive evidence of "consumption of the bowels"; when men and women go in fear and trembling because a relation died of heart disease, "and it may be in the family, you know, like cancer"; when mothers take their babies to the infant welfare centre, and afterwards to the G.P., and try to carry out simultaneously the very different advice *re* feeding received from each; when shingles are thought to be certainly fatal "if they meet round the body"; when pills and powders are considered useless unless accompanied by a bottle of medicine; when even the medicine itself must have a certain degree of "body" and nastiness to be credited with any curative power—when these and other points are remembered, it is clear that the day of ignorance is not past. This state of affairs is not confined to members of what are called the "lower classes."

Directions are necessary—in fact, one of the secrets of getting on well with patients is to give directions, and plenty of directions. A statement of diagnosis followed by a promise of suitable medicine may satisfy a patient as to the doctor's ability, but if, further, many directions

and nursing details be supplied, a more favourable impression results.

The patient thinks "that doctor is interested in my case." In time, with growing confidence, the phrase becomes—"Dr. So-and-So understands my case." This is the supreme tribute.

Even when this esteem has been gained, one must not forget that the patient listens to all directions, but may then go home and do very differently, preferring "Grandma's way," or succumbing to the advertisements of the patent medicines.

Patients understand little and care still less about medical qualifications. To them (or to most) the L.S.S.S.A. would be to M.D. as 5 is to 2. Qualifications count only in regard to hospital and other appointments, and also (but much less so) in regard to one's standing in medical circles.

The attitude of other medical men towards a newcomer appears to be one of condescension. To the other G.P.s, one is not a welcomed comrade in arms, but merely a new boy at school. They are interested in a very impersonal way. In time the new man may join a "set," or else, like Topsy, he grows until he is accepted as a part of the scheme.

One mid-week evening without surgery duties appears essential. The man who can run a busy surgery six nights a week, and still remain of normal mentality, cheerfulness and power of concentration, must be very rare. The clerical work necessary in a large practice (especially Panel) is sufficient to make one's spare time actually much less than estimated!

Night work depends on the amount of midwifery done, and also on the previous training of the patients in the practice. If one G.P. allows his patients to take advantage of his good nature, by calling him out at irregular times "out of hours," when a message asking for a call "on the round" would have been more reasonable, then the less he tries to educate them in the art of sweet reasonableness and consideration, so much the worse for his successor's spare time. Above all, beware of patients who become personal friends.

It is very difficult to judge what is meant by a message. "Come as soon as convenient" may be a call to a moribund, yet "Come as soon as you can" may mean nothing more than an appeal to call "sometime." When several such hurriedly-written messages, delivered by irresponsible children, are received at the same time, the problem arises as to which should be the first visit. In this case the greatest help lies in a knowledge of the persons sending the messages, their type, and their previous treatment of their doctor.

It pays to be independent, and one loses nothing by pointing out to a patient the fact that they have been

inconsiderate. A medical man should be the servant of the community, but not the servant of his individual patients.

It is necessary, however, to commercialise one's mind and adapt one's bearing in regard to one important point. The student is warned of the danger of symptomatic treatments. The G.P. has got to treat symptoms for the very simple reason that they are all that the majority of patients have got! The clinical instinct has to help to a great extent in discovering what may be called "cases"; but there is no sequence and procession of clinical entities through one's surgery such as a student would recall from "medical and surgical outs." Coughs, colds, backaches, debility, catarrh, headaches, etc.—these occupy the greater part of a G.P.'s time, and he should feel, not that he is wasting time in dealing with trivialities, but rather that he is taking his place in strengthening his own local link in the great chain of preventive medicine.

The G.P. has to be the great bulwark between the stage of symptoms and the stage of clinical entity.

In spite of the monotony and routine nature of general practice, there are in addition other elements which combine to instil into the G.P. that finest quality of education which stamps him as one apart from all other men—broad-mindedness.

It is perhaps this, rather than any ideas of professional integrity or general reliability, that produces the blind confidence in their doctor that so many patients show. Their confidences are not limited to their bodily ailments; but they feel that for all their troubles they will get from their G.P. sympathy and understanding without censoriousness.

It must be remembered, however, that the patients who will confide the innermost secrets of their life, will hesitate to be scrupulous in regard to veracity as to symptoms. Many such who declare that the "bowels are in fairly good order" are constipated to the extent of having one movement per week or even fortnight. This is not an exaggeration, and one meets a surprisingly large number of patients like this, but few admit the truth at the first consultation. In consultations on young girls, it is astonishing to note the wide differences in the replies as given by (a) the girl and (b) her mother to identical questions of this nature!

In actual practice one often comes up against the important fact that with regard to the rearing of babies, many mothers put more trust in a combination of doctor's medicine, patent medicines, and advice from a nurse, than they do in the medical man's advice. At times one has to realise one's own ignorance in respect, especially, of the normal routine of an infant's daily life; and one recalls with sorrow the absolute inadequacy of the instruction received as a student in this matter.

No one realises this more than the nurse herself ; and usually she is not slow to take advantage of it. The average maternity nurse is certain that she can teach any doctor a great number of things about babies ! Incidentally, she frequently " thinks this thought " aloud. At such times one must be forcible if one is to maintain a position of dignity.

In conclusion, may one advise those about to take the step of becoming a G.P.—

(1) That very few men can do reading (for examinations) while engaged in practice.

(2) That to the estimate of one's first year expenses, there should be added " the figure first thought of."

(3) That it is wise to have legal investigation and support in regard to any agreement as between principal and assistant, or between partners.

(4) That patients like directions.

(5) That patients insist on a decisive diagnosis, but are easily satisfied. " Lumbago " may cloak a deal of ignorance.

(6) That if one is in a hurry, the patient must not be allowed to notice it.

(7) That patients prefer a sympathetic doctor to a clever one.

(8) That as a student it is what one does that counts. As a G.P. it is what the patient *thinks* one does that counts.

HIAWATHA'S PATHOLOGY.

You shall hear how Hiawatha
Grew a strange unknown bacillus.
How he found and how he named it,
And who helped him in his labours.

When the chilling winds of autumn
Blew upon the plains of Smithfield,
Hiawatha, tired and workworn,
Climbed the stairway to the Path. lab. ;
Climbed the twisting iron stairway ;
Kicked upon the door with anger,
Till he woke the sleeping lab. boy ;
Woke the wretched, lazy lab. boy.
Then he cried with angry gesture—
" Bring me tubes of glucose agar,
Bring me litmus-lactose agar,
Bring me broth and Petri dishes.
Put them on the bench beside me."

Swiftly ran the quivering lab. boy,
Brought the tubes and slopes and dishes.
Then he swiftly pricked his-finger,
Till the blood came gushing outward.

Then he murmured, " Oh, great Doctor,
Take my blood to smear your agar.
Let the cocci grow upon it ;
Let bacilli feast upon it,
That the cultures may be fruitful,
And the colonies grow quickly.

Softly answered Hiawatha,
" I will take your blood, Oh lab. boy.
I will smear it on my agar.
If the organism growing
Should perchance be haemolytic,
We shall see a ring about it,
See a paler ring around it,
Thus assist our diagnosis,
Thus determining its nature."

On the morrow, Hiawatha
Climbed again the iron stairway.
Passing to the incubator,
Thence he drew his plates of agar,
Drew his litmus lactose agar.
One by one he took the dishes ;
Held them up against the sunlight,
Carefully he marked the outline
Of the colonies that grew there.
Some were tiny as a pinpoint,
Others were umbilicated.
While some others ran together,
Making streaks across the agar.

But of all the growths he saw there
Only one pleased Hiawatha,
Only one caused him to wonder.

For upon the very centre
Of the turbid film of agar
Was a growth of form crescentic,
Like the sickle of the reaper.
Golden, like the moon of harvest,
But each end was tipped with crimson,
Like the knife-blade of the hunter
Who has stabbed to death his victim.

Lovingly looked Hiawatha
At this colony so wondrous.
Never had he seen its equal,
Never seen such gorgeous colours,
Never seen a shape so weird,
Growing, lonely, on the agar.
Not in all his ponderous text-books,
Nor in all his lengthy lectures,
Had he seen, or heard descriptions
Of a colour scheme so curious.

On the wings of long-backed Otis,
Otis, greatest of all lift-men,
Otis, greatest elevator,
Flew the eager Hiawatha

Till he reached the lofty wig-wam,
Of the greatest of all doctors,
Of the mightiest physician.

And he shouted on his journey,
" Come with me Oh Bio-Chemist,
Come with me all ye bug-hunters,
And ye too who reek destruction
On the guinea-pigs and rabbits."

Holding up his precious agar
Hiawatha stood transfigured
With the joy of the explorer,
With the subtle exultation
Only known to wonder workers.
And the grave collected genius
Gazed upon the strange formation,
Touched the centre with their test-wires,
Carried out their tests upon it,
Yet preserving still its outline.
All agreed the organism
Was a slender long bacillus
Very long and very motile.
At each end were five projections,
Spreading out in fan-like manner,
Like five fingers held extended.

Slowly from his crouched position
O'er his microscope so powerful
Rose the mighty Galocrates,
He the greatest of all doctors,
He the mightiest physician,
First he spoke in solemn measure,
Very slow with ample gesture,
Then more swiftly as he gathered
At the feet of these his listeners
From the four winds of science
All the types of known bacilli.
Showed their groups and subdivisions,
Proved beyond the slightest question
That this was a new bacillus,
Never ere this seen or heard of,
Never dreamed of by the dreamer.
Then he paused and thrust his hand out
Towards the joyous Hiawatha.
Thus he spoke in accents kindly—
" Hiawatha ! Hiawatha !
I it was who made thy cradle ;
I did help thy baby fingers
To dissect the humble earth-worm ;
Now thy name shall be immortal
And when I am long forgotten,
Every student pressing upwards
Shall hear oft of Hiawatha ;
Hear of this his strange adventure,
How, before the hair of manhood

Grew upon his cheek so youthful,
He had found a new bacillus ;
Found a wondrous new bacillus,
For henceforth this strange bacillus,
Growing in these golden crescents
Shall be known by every student,
Shall be echoed down the ages
As ' Bacillus Hiawathae ! ' "

DOUBLE ACROSTIC NO. 2.

NO longer need, fair sufferer, to despond,
But imitate the mirrored Mélesande.

1. Arched, broad and thin—I never see the light of day ;
Yet to your very life I give the right-of-way.
2. With weeping eye and sniffings unmistakable ;
" Doctor, I'm sad to say, your medicine's quite untakeable."
3. The simpler disinfectants seem to mock us
When we attack the nimble gonococcus.
4. I sell no sap, but yet you think a lot o' me.
I end my outward course in just dicotomy.
5. Our atmosphere may be a thrilling sheen,
Yet we, I fear, are read of more than seen.
6. Torn from the rocks, compressed without apology,
I come to Bart.'s to help your gynaecology.
7. From a crumpled cusp by the blood-stream knocked,
I'll serve you best when my tail is docked.
8. I help you run, why should you then object to me,
And do that crude, posterior syllabectomy.

A medical acrostic will be a feature of the JOURNAL for the next five months. A prize of a book will be awarded at the end of that time to the competitor sending the best solutions during the six months. Entries must reach the Editor by the 25th of each month under a *nom-de-plume*.

The competitor's name should also be sent in a closed envelope. Competitors sending correct solutions to Acrostic No. 1 will be mentioned next month.

SOLUTION OF DOUBLE ACROSTIC NO. 1.

S	capul	A
U	nknow	N
R	anul	A
G	ou	T
E	mbry	O
R	adiu	M
Y	stoscop	Y*
C	stotom	Y*

* Alternatives—first preferred.

ST. BARTHOLOMEW'S MEDICAL COLLEGE EMPLOYEES' DINNER, 1923.

HE above Dinner was held at the Manchester Hotel, Aldersgate St., E.C., on Wednesday, December 12th, Mr. E. Bridle in the Chair. There were forty-two present, which included a few past employees and a representative body of the Students' Union.

The Dinner, which was well served, was followed by a musical concert, contributed to by the following artistes: Mr. E. R. Cullinan with his "Magical Mysteries," Mr. S. Bridle with his humorous songs, Mr. Wally Ray as the Talkative Dame, and Mr. Franklyn Muir gave us some monologues; Mr. William Clark at the piano.

After the loyal toast, "The King," Mr. Mayo proposed the health of "The Employees" and spoke of his pleasant association with them and greatly appreciated the invitation to the Dinner. In responding, Mr. Hallett spoke of his pleasant connections with the students during his long career at the College.

Mr. Jackson, in a short speech, proposed the health of "The Students' Union," to which Mr. W. Holdsworth, Vice-President of the Students' Union responded by talking of the very able way in which the employees of St. Bartholomew's Medical College had helped the students, especially during the Octocentenary Celebrations. Although it is not generally known what they did during the Celebrations, he, as one of those responsible, knew the work they achieved, which was thoroughly appreciated. Whenever they are called on for work of any description they willingly respond.

The next toast, "Past Employees," was proposed by Mr. E. Bridle, owing to the hard pressure of work on Mr. Adlam. He said that they had much pleasure in welcoming their old colleagues with them that evening. Mr. T. Russell, in response, spoke at great length on his happy recollections of his days at Bart.'s.

Dr. Paul Scholfield, in the regrettable absence of Mr. A. Balcon, proposed the health of "The Chairman," with very witty remarks with regard to his past experiences with him. The Chairman, in response, spoke of the objects of the Dinner—firstly to create a better *esprit de corps* amongst the employees, secondly, that owing to the great number of younger employees at the present time, he thought it desirable to form some sort of social and athletic club. The Rifle Club had already promised the use of the range, and he had no doubt by what he knew of medical students at Bart.'s other clubs would follow with their support.

Our only regret is that although the event was a huge success from all points of view, we had no member of the

Staff present, but as it was the first attempt we did not feel justified in inviting them, but next time they will certainly be given invitations, which we hope they will accept.

The Committee wish to thank all students who gave their support at the Dinner.

Will anybody interested with the Employees' Club, either financially or otherwise, kindly communicate with the Hon. Sec., W. H. Adlam, Physiology Dept., or Mr. E. Bridle.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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HADFIELD, GEOFREY, M.D. "The Value of Cerebro-spinal Fluid Examination." *Clinical Journal*, September 26th, 1923.

— "Two Cases of Brain Abscess, with Remarks on the Cytology of the Cerebro-spinal Fever." *Lancet*, October 27th, 1923.

HARDWICK-SMITH, H., F.R.C.S. "Cancer of the Breast—Pathology and Diagnosis." *New Zealand Medical Journal*, August, 1923.

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REVIEW.

PRACTICAL PHYSICS. By J. A. CROWTHER. (London: Henry Frowde & Hodder & Stoughton 1922.) Oxford Medical Publications. Pp. xxii + 260. Price 10s. 6d. net.

This little book, by a well-known teacher, is designed to cover the practical work in physics of a student attempting the first medical examination or a school certificate. Speaking broadly, it is admirably adapted to the purpose. The experiments are well chosen and described, and emphasis is placed at the right points.

Some minor criticisms might be made. For instance, in a book partly written for students about to study medicine, the omission of any reference to surface tension is very regrettable. The explanation of the necessity for the "end correction" of an organ pipe is unsatisfactory, and the statement that the latent heat of steam is 536 calories per gramme perpetuates an old inaccuracy.

In spite of these and similar small blemishes, the book can be heartily commended to Conjoint Board students.

ABERNETHIAN SOCIETY.

A Clinical Evening was held at 5.30 p.m. on Thursday, November 29th, some 70 members present. Mr. JOHNSTONE showed a case of seborrhoeic dermatitis complicated by multiple arthritis. The ensuing discussion was mostly amusing and wholly irrelevant. Mr. Tooth showed a case of pancreatic infantilism, due, the patient's grandmother stated, "to the shock of seeing his grandfather stark-naked" one night. Mr. ABERNETHY as a psychologist expressed himself disposed to be in complete agreement with the grandmother. Mr. DILLON showed an undiagnosed case of a very fat girl suffering apparently from some form of toxic goitre. Mr. DE SOUZA showed the last case, one of T.B. peritonitis.

Dr. Cox addressed the Abernethian Society on December 13th on the subject, "An Introduction to Medical Politics." He began by

quoting Sir Benjamin Brodie's dictum of sixty years ago, "Keep clear of politics and irritating discourses." It was pointed out that to-day, when 15,000 doctors are working under the National Health Insurance organisation and 1500 under the Ministry of Health, it behoves the profession to do some clear thinking in politics.

Dr. Cox gave concrete examples of the British Medical Association in action. National Health Insurance was discussed. Despite its faults, Dr. Cox believed it was an experiment which will, and ought to succeed. The alternative—a whole time medical service—was discussed, and its great disadvantages made clear.

Money was not the only subject medical politics dealt with. We wanted to see how the best doctors for fourteen million people could be obtained.

Questions were invited and were not slow in coming: that there should be student members of the B.M.A.; that the B.M.A. should be affiliated to the Trades Union Congress; what was the attitude of the B.M.A. to "quackery"? Ought doctors to be judged in the courts by laymen?—Question followed question in quick succession. Dr. Cox replied briefly and ably to all his interrogators.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

Bristol deserved their success over St. Bart.'s Hospital at Bristol on Saturday, November 17th, but at one time it looked very much as if the latter would score their first win over the Club.

An extraordinary change came over the game in the second half, however, for Bristol, outplaying their opponents, turned a deficit of five points at the interval into a victory of six points.

The football displayed was of a high standard, but the feature of it was the splendid work of the forwards of both sides. Bristol were at a disadvantage in being a man short for more than half the game, Cummings being carried from the field injured before the interval, but they made no error in the tactics they adopted subsequently.

The pack worked with cohesion and swiftness, and not only did they prevent the opposition from making use of their backs, but were so quick that the latter were all but overwhelmed in their defensive measures. Bristol attacked first through their forwards, but it was the Hospital who scored, and their try was due to quick perception. Carnegie-Brown scored under the posts, but Gaisford's kick was charged down. It was not long before Bristol equalised, Quick scoring in the corner. But from the kick-off Bart.'s went five points ahead. Smart, following up and tackling from Carnegie-Brown's kick, saw Bettington go over and Gaisford convert.

After the interval Bart.'s forwards tired, though their defence was superb against such a deadly attack as Bristol put up, but Quiel, Corbett and Spoores each scored, Chantrill converting the last try.

Result: Bristol 14 pts., St. Bart.'s 8.

Teams.—Bristol: B. S. Chantrill, back; R. G. B. Quick, L. J. Corbett, G. Bethel, T. G. Spoores, three-quarters; R. C. W. Pickles, E. Tucker, halves; J. S. Tucker, M. V. Shaw, A. T. Hore, F. J. Coventry, F. Cummings, A. E. Richardson, E. Sullivan, P. J. Williams, forwards.

St. Bart.'s: W. F. Gaisford, back; L. C. Neville, A. McGregor, P. O. Davies, Melbourne Thomas, three-quarters; T. P. Williams, H. C. McGregor, halves; A. E. Beith, R. H. Bettington, J. W. Butterly, A. Carnegie-Brown, M. L. Maley, W. F. Morgan, A. W. L. Rowe, E. V. Vergette, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. MOSELEY.

A bright game was seen on Saturday, November 24th, at Winchmore Hill, when Bart.'s were at home to Moseley, and registered a good win by nine points (3 tries) to nil. The game resolved itself into a battle between the home attack and the visitors' defence. Moseley's tackling throughout was keen and vigorous, and it was rarely that a Bart.'s man was allowed to get far unmarked. The visitors, too, were unlucky not to score, as on every occasion on which they broke away they looked dangerous, and Orcutt was once nearly over after a good bout of passing, the situation being saved by a glorious tackle by Thomas. The home three-quarters combined better than the visitors, and many fine bouts of passing were seen. Neville, Davies and Thomas were, perhaps, the best. Williams, at the base of the scrum, was good, and McGregor, in addition to

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saving once, made many openings for his three-quarters. Buxton, Vaughton and Walker were always prominent for Moseley, and Butter, Maley and Morgan for the home side. At full-back both sides were well served.

From the start Bart.'s pressed, and the game for a time was confined to the visitors' "25." Neville broke away on the left, and running strongly, was only pulled up by Pritchard near the Moseley line. From a scrum Williams secured, and passing to McGregor, the latter ran well from the half-way line to touch down between the posts. Bart.'s continued to press, and it was only the sturdy defence of the Moseley three-quarters and the quick following up of the visiting pack which prevented further tries being registered.

On the resumption the visitors pressed, and Orcutt was nearly over. Moseley were penalised, and the home forwards securing rushed the ball to the Moseley line and Maley touched down, the try remaining unconverted. The play continued interesting, with the balance mostly in favour of the Hospital, and Davies, after selling the dummy very cleverly three times, crossed the Moseley line, but before he touched down he lost the ball. Shortly after Rowe secured and crossed the line for the last try of the day.

Referee: Mr. E. White (L.S.R.F.U.R.).

Teams.—St. Bart.'s: E. V. Frederick, back; L. C. Neville, P. O. Davies, G. W. Parker (capt.), M. G. Thomas, three-quarters; H. McGregor, T. P. Williams, halves; A. B. Cooper, H. G. Anderson, J. W. Butter, A. Carnegie-Brown, M. L. Maley, W. S. Morgan, A. W. Rowe, G. Dietrich, forwards.

Moseley: C. J. Byrne, back; R. H. Orcutt, D. N. Byrne, J. P. Huius, E. L. O. Jones, three-quarters; W. H. Hill, S. W. Wiles, halves; N. E. Mayrick, C. G. Stanley, W. H. Coates, J. Buxton, N. G. Watson, J. R. McDowell, S. G. Vaughton, R. D. Walker, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. R.F.U. OLD BOYS.

The Hospital turned out a very weak side against the Old Boys, R.F.U. on Wednesday, December 5th. The ground at Winchmore Hill was very soft and the game was played under wretched conditions. The Old Boys were poorly represented. Fixtures of this nature must surely disappear from the fixture card in future. The game was of a scrambling nature. The Hospital emerged victoriously by 22 points to *nil*.

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Despite the fact that they were not at full strength, St. Bartholomew's Hospital at Winchmore Hill on Saturday, December 8th, gained a substantial victory over the Old Paulines, scoring six goals and eight tries (54 points) to nothing. The heavy ground and slippery ball made no difference to the Hospital men, who opened the scoring five minutes after the start, and added to it with monotonous regularity. The second half was almost a repetition of the first. The visitors' forwards were occasionally good in the loose, but were nearly always beaten for possession, and once the ball got amongst the Bart.'s three-quarters, who were splendidly served by Williams, a score was quickly forthcoming. Tries were gained by Melbourne Thomas, Davies, McGregor, Pentreath, Butter, Rowe, and Morgan, the last-named, who was the most prominent forward on the field, scoring four times. Six of the tries were converted by Bettington.

The Hospital display this term has been most promising at times, but the defensive powers of the three-quarters must be improved if the Hospital desire to do well in the forthcoming cup-ties. The forwards are good—very good—but the backs, when they are bad, are very bad.

Good forward play is the foundation of the game. A pack of forwards able to get at their opponents in close play and in the open will nearly always beat a side whose backs are superior, provided the better pack is properly fed. The wonderful and heroic display of the Light Blues against the most wonderful combination in the country is an example of what can be done by sound, honest training. Bart.'s forwards—bear this in mind next term!

Melbourne G. Thomas has shown consistent form in the Welsh trials and has scored in each one.

G. W. C. Parker and W. F. Gaisford have appeared in English Trials. It is surprising to think that selectors can imagine the former to remain outside any representative pack in the British Isles.

The display of the 2nd XV this season is worthy of mention. Eleven wins and only one adverse result—and this on the day after Fleet Street revelry, against a powerful 'Quins combination.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. ST. JOHN'S COLLEGE, CAMBRIDGE.

On Saturday, December 1st, the eleven made one of their best performances of the season by beating St. John's College at Cambridge.

The "foreign" ground was in extremely bad condition and ball control impossible, nevertheless the Hospital forwards were the steadier in front of goal. St. John's were the first to score, and although the Hospital pressed continuously (Watson being particularly unfortunate in not scoring with a beautiful shot), they were unable to equalise before the interval.

In the second half the Hospital again did most of the attacking, and were soon rewarded. From a well-placed corner-kick by Nicholls, Ross scored. The play at this time was extremely fast, and both goals had several narrow escapes. The defence rose to the occasion and was unbeatable. Ten minutes from the end Savage netted the winning goal, giving the goalkeeper no chance.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw, C. Wroth, A. E. Lorenzen; G. R. Nicholls, W. D. Watson, A. E. Ross, R. Savage, L. A. P. Slinger.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

On December 8th at Winchmore Hill, the first eleven did well to draw with H.A.C., considering it was without its captain, A. C. Dick, and the goalkeeper was injured early in the first half.

The game was fast from the beginning. Bart.'s opened the scoring after a few minutes' play, but it was evident that they were not accustomed to playing a team so quick with the ball as their opponents. However, the halves soon fell into line and held the H.A.C. forwards effectively, Oldershaw and Wroth both being in good form.

Of the forwards, the centre-forward was the only man who did not seem to get into the game, the game being mainly on the wings. Nicholls and Parrish played well with the inside forwards.

At half-time the score was 2—1 in Bart.'s favour. When play was resumed it was evident that our men were tiring. H. A. C. made headway, scoring 2 goals in a few minutes. We doubt whether this would have happened but for the fact that Ward (goalkeeper) was hurt. It looked as if the Hospital was going to be beaten for the first time this season. Just before time Watson slipped between the backs and beat the goalkeeper with a well-placed shot. It was a very enjoyable game to watch and the team are to be congratulated on their display.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw, C. Wroth, E. S. Evans; G. R. Nicholls, W. D. Watson; A. E. Ross, R. Savage, J. Parrish.

THE "A" XI.

The "A" or Wednesday eleven has so far had a most successful season, not having been beaten since its first match on October 10th, and having scored 35 goals to 8 against. Although composed of members of all three teams, the 2nd XI have turned out best, and the success of the eleven must be attributed to the good understanding between the players. The forwards have had the advantage of playing before a particularly sound defence.

Results.—December 5.—Royal College of Science (away) 13—1
" 12.— " " (home) 7—0

HOCKEY CLUB.

On Saturday November 24th, the Hospital turned out a full side against the Royal Naval College, Greenwich, at Winchmore Hill. We played up hill for the first half as we usually do, and held them till half time, the score being 2—1. The second half our defence were "on top" the whole time, and enabled the forwards to score another three goals, resulting in a win for the Hospital of 5—1.

Team.—R. A. Walsh; E. H. Watkins, N. F. Jory; J. H. Attwood, T. S. Goodwin (capt.), S. Orchard; G. Foster, R. L. Rhodes, C. J. P. Grosvenor, J. E. Church, J. J. Milne.

The following Saturday we took almost a full side to Cambridge to play Emmanuel College. The ground was very soft, due to the thaw, and Emmanuel had three people away playing for the 'Varsity, but in spite of this we had one of the best matches of the season, resulting in a win for the Hospital of 8—4. This made the eighth successive win of the 1st XI for Saturday games.

The away match on December 8th against Broxbourne revealed

the fact that the team was greatly weakened by the loss of E. H. Watkins at back. A close match resulted, and the Hospital were fortunate to draw with the score of 4-4.

Saturday, December 15th, concluded the first part of this season's programme with what was thought would be a weak fixture. But Enfield had improved since last year, and the resulting win for the Hospital of 5-2 was very satisfactory.

The 2nd XI and 3rd XI have been doing fairly well, especially the latter, since they have only been running for so short a time.

1st XI Results.

Guy's	won	5-2
City of London	won	8-1
Woolwich Garrison (Wed.)	lost	1-9
Old Felstedians	won	6-2
Sandhurst R.M.C.	won	6-3
Hendon	won	3-2
R.N.C., Greenwich	won	5-1
Emmanuel College, Cambridge	won	8-4
Broxbourne	draw	4-4
Enfield	won	5-1

SUBSCRIBERS TO THE YEAR BOOK.

10s., Dingle, P. A.; 7s. 6d., Jeremy, H. R.; 5s. 2d., Evans, T. G.; 5s., Archer, H. E., Harvey, Frank; 2s. 6d., Meade-King, R. L., Ellison, P. O., Struthers, J. A., Ross, J. P.; 2s., Fison, J., Perkins, R. J., Paget, C. E., Horne W., Jobson; 1s. 10d., Denham, H. K.; 1s. 6d., Wells, W. W., Hawkins, E. J.; 1s., Crabbe, H. E., Sandes, J. L., Herington, C. E. E., Payne, C. A., Bloomfield, H. W., Gibbins, H. B., LeBrasser, J. H., Ainger, W. B., Mansell, R. A., Boney, Knowles, Elkington, G. E., Cooper, R. N., Stocker, E. G., Edwards, W., Verney, E. B., Clark, W., Adams, Starr, W. H., Clark, Francis, Hands, C. H., Jameson, R. W., Shore, L. R., Hancock, F. T., Colville, E. G., Peck, E. F., Burne, T. W. H., Vinter, N. S. B., Brooke, E. B., Ainsworth-Davis, J. C., Hepburn, A., Goodwin, T. S., Donaldson, M., Read, Mabyn.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Diploma in Public Health. The following candidates satisfied the examiners at the recent examination:

Part I.—J. G. Johnstone, H. Shannon.

Part II.—W. H. Butcher, *H. Shannon.

* Already passed Part I.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—G. E. Burton, C. Sturton.

The *Diploma in Public Health* has been conferred on:

H. D. Kelf.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The *Diploma of Fellow* has been conferred on the following:

D. J. Batterham, R. W. P. Hosford, S. M. Majumdar, H. J. McCurrieh, W. E. M. Mitchell, T. S. North, W. G. Rose.

CHANGES OF ADDRESS.

BONEY, T. K., 14, Mostyn Crescent, Llandudno.

CATFORD, E., Hillfield, Torbay Road, Torquay.

KELF, H. D., c/o Public Health Department, The Castle, Winchester, Hants.

MAJUMDAR, S. M., 29, Chauipati Lane, Bhawainpur, Calcutta, India.

MORTIMER, J. D., 24, Randolph Crescent, W. 9. Paddington 375.

NANCE, H. C., 508, Clive Court, Maida Vale, W. 9.

SATOW, L. L., Filkins, near Lechlade, Glos.

SHORE, T. H. G., 23, Dryden Chambers, Oxford Street, W. 1. Regent

602. (And also 74, Harley Street.)

APPOINTMENTS.

AINSWORTH-DAVIS, J. C., M.R.C.S., L.R.C.P., appointed Resident House-Surgeon, All Saints' Hospital, Finchley Road.

DINGLEY, A. R., F.R.C.S., appointed Assistant Surgeon to the Throat Hospital, Golden Square.

GOODWIN, T. S., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon at the County Hospital, Lincoln.

GRIFFITHS, G. B., M.R.C.S., L.R.C.P., to be one of the Commissioners under the Prison Act, 1877.

GROSVENOR, C. J. P., M.R.C.S., L.R.C.P., appointed Casualty Officer to the London Temperance Hospital.

MACONIE, A. C., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Royal Northern Hospital.

NESS-WALKER, J., M.R.C.S., L.R.C.P., appointed House-Physician at Addenbrooke's Hospital.

SCOTT, J. MURRAY, M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon, All Saints Hospital, Vauxhall Bridge Road.

SHAH, J. M., M.B.E., Capt. I.M.S., appointed Assistant Director-General, I.M.S. (Sanitary), Simla.

BIRTHS.

BATTERHAM.—On December 12th, at Stone Field, Kidbrook Grove, Blackheath, to Ethel Thelma, wife of Capt. D. J. Batterham, Royal Army Medical Corps—a daughter.

GURNEY-DIXON.—On November 26th, at Ober House, Brockenhurst, Hants, to Hilda, wife of S. Gurney-Dixon—a daughter.

NEVE.—On November 23rd, at 49, Addiscombe Road, Croydon, the wife of Clement Treves Neve, F.R.C.S.—a son (Richard).

SHAH.—On November 15th, to the wife of Captain B. Z. Shah, I.M.S., at Bombay—a son.

SNYTHE.—On December 18th, at Dunkeld St. Cross, Winchester, the wife of Gerald Smythe, M.D.—a daughter.

WELLS-COLE.—On November 30th, at 10, Minster Yard, Lincoln, to Feridah, wife of Dr. Wells-Cole—a son.

MARRIAGES.

BLACKWELL-RICE.—On November 28th, at the Minoriten Church, Cologne, by the Rev. J. P. Molony, S.C.F., Arthur Seal Blackwell, Capt. R.A.M.C., to Mary Georgina Rice, daughter of John Rice, of Fermoyle, Ireland.

HOWELL-JERROLD-NATHAN.—On December 11th, at St. Gabriel's, Warwick Square, Dr. W. Eric Howell to Cecile, younger daughter of Mr. A. Jerrold-Nathan, C.C., and Mrs. Jerrold-Nathan, of Sutton, Surrey.

DEATHS.

ASHTON.—On November 23rd, 1923, at 36, Rue Tibergier, Rheims, Charles Ernest Ashton, M.R.C.S.(Eng.), younger son of the late Herbert Ashton, Commander R.N., of Hefferston Grange, Northwich, Cheshire.

CLAPP.—On December 9th, 1923, at 1, St. Leonard Road, Exeter (late of 14, West Southerhay), George Tucker Clapp, M.B. (Cantab.), M.R.C.S., the dearly beloved husband of Emmie Francis Clapp, aged 66.

TAYLOR.—On December 5th, 1923, at the Old Hall, Biddenden, Kent, Dr. Philip Charles Perham Taylor, aged 60.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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